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## \*BIBDATASHEET\*

CONFIRMATION NO. 1420

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/693,233	<b>FILING OR 371(c) DATE</b> 10/24/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> BBC-193
<b>APPLICANTS</b> Zehra Kaymakcalan, Westborough, MA; Robert Kamen, Sudbury, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/421,262 10/24/2002 <i>OK - I.O.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None - I.O.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/06/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>Dina Cherepeli I.O.</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 000959				
<b>TITLE</b> Low dose methods for treating disorders in which TNFalpha activity is detrimental				
<b>FILING FEE RECEIVED</b> 1270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	